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Research report

Treatment of anxiety disorders in the Finnish general population

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Abstract

Background: Treatments for anxiety disorders in the general population are not widely investigated. We determined the proportion, type and determinants of treatment in the Finnish general population.
Methods: Within the Health 2000 Study, a representative sample ($n=6005$) of adults (age>30 years) were interviewed in 2000–2001 with the Composite International Diagnostic Interview (M-CIDI) to assess the presence of DSM-IV mental disorders during the preceding 12 months. Logistic regression models were used to examine factors influencing the type of treatment (pharmacotherapy and/or psychological treatment) and also the types of pharmacotherapy (antidepressants, anxiolytics, or sedatives and hypnotics) used for anxiety disorders.
Results: For individuals with an anxiety disorder, 40% (95/229) currently used psychotropic medication, 23% (55/229) used antidepressants, 19% (44/229) anxiolytics and 17% (41/229) sedatives or hypnotics. Of those using health care services for mental health reasons (34%, 76/229), 80% (61/76) received pharmacotherapy. Only 45% (34/76) reported having psychological treatment, with few having more than 4 visits (27%, 20/76). Living in a semi-urban environment, retirement and high perceived disability increased the likelihood of pharmacotherapy-only treatment; higher education and comorbidity with mood disorders increased the likelihood of psychological treatment. General practitioners more often than psychiatrists provided pharmacotherapy treatment alone (67% vs. 34%, $p<0.05$), particularly anxiolytics or sedatives.
Limitations: Use of mental health services and psychological treatment were based on self-reports. No data on duration of pharmacotherapy was available.
Conclusions: Anxiety disorders remain largely untreated in the general population. Among those seeking treatment, pharmacotherapy predominates, whereas even brief psychotherapies are rare. Contrary to clinical guidelines, anxiolytics and sedatives are commonly used instead of antidepressants.

Keywords: Anxiety disorders; Psychotropics; Antidepressants; Anxiolytics; Population-based survey

1. Introduction

Anxiety disorders vary in the general population with 12-month prevalence estimates ranging from 2.4% in Shanghai to 18.2% in the United States (The WHO

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World Mental Health Survey Consortium, 2004). According to the ESEMeD study within six European countries, the 12-month prevalence was 6.4% (The ESEMed/MHEDEA 2000 Investigators, 2004a), whereas in the most recent systematic review involving studies conducted in 16 European countries, it was estimated at 12% (Wittchen and Jacobi, 2005). Although data from different countries are not fully comparable, these studies show that anxiety disorders rank as the most frequent group of mental disorders in Western countries. Yet, population-based studies have shown that anxiety disorders frequently remain untreated (Young et al., 2001; de Graaf et al., 2002; Issakidis and Andrews, 2002; Olfson et al., 2004; Wang et al., 2005).

Although the magnitude of anxiety disorders and lack of use of services for them are well documented, less is known about the content and quality of specific treatments. According to The ESEMeD/MHEDEA 2000 Investigators (2004b), a third of individuals with anxiety disorder had used psychotropic drugs during the preceding 12 months. A US study suggests that pharmacotherapy is becoming more common in outpatient care, whereas the use of psychotherapeutic treatments is declining (Olfson et al., 2004).

There are some evidence-based guidelines and other expert statements on the treatment of anxiety disorders (Balwin et al., 2005), panic disorder (The American Psychiatric Association (APA), 1998; National Institute for Clinical Excellence (NICE), 2004), generalised anxiety disorder (NICE, 2004; Ballenger et al., 2001), posttraumatic stress disorder (American Psychiatric Association, 2004; NICE, 2005a) and obsessive-compulsive disorder (NICE, 2005b). In Finland, a consensus statement for panic disorder exists, based on an expert panel meeting (Duodecim, 2000). In general, guidelines consider the use of cognitive behaviour therapy and pharmacotherapy as equally effective treatments and recommend by way of pharmacotherapy mainly selective serotonin reuptake inhibitors (SSRIs) as the first-line treatment (APA, 2004; Duodecim, 2000; Balwin et al., 2005). In the NICE guideline for panic disorder (1998), antidepressants are considered as the only pharmacological intervention to be used in longer-term treatment, while benzodiazepines should not be used in the treatment of individuals with panic disorder. Other guidelines limit their use only in situations when very rapid control of symptoms is needed (APA, 1998) or for persistent, severe cases with non-response to at least two treatments (SSRI or psychological treatment) (Balwin et al., 2005).

The aim of this study is to determine the proportion of individuals in the general adult population with anxiety disorders receiving treatments (pharmacotherapy and/or psychological treatment). Secondly, the aim is to examine clinical, sociodemographic, and provider-related correlates of the type of treatment (pharmacotherapy and/or psychological treatment), and thirdly, to examine the correlates of pharmacotherapy (antidepressants, anxiolytics, hypnotics or sedatives). Finally, we examine users' perception of the helpfulness of the received treatment.

2. Methods

This study is based on a comprehensive, multidisciplinary national population-based survey, Health 2000, conducted in Finland from 2000 to 2001. The two-stage stratified cluster-sampling frame comprised adults aged 30 and over ($N=8028$). Subjects aged 80 or over were oversampled (2:1) in relation to their proportion in the population (90% participation rate). Data were collected by home interviews and examinations, telephone interviews and health questionnaires, followed by clinical health examination (in which 79.7% participated, i.e. 6354 subjects), including a structured mental health interview CIDI (Composite International Diagnostic Interview). 93% attended at least one or other phase of study, 5.2% refused, 0.4% were abroad and 1.4% were not contacted. A Finnish translation of the German computerised version of the CIDI (M-CIDI) was used (Wittchen et al., 1998). The CIDI was performed with 6038 subjects (95% of those attending the comprehensive health examination phase), of whom 33 were excluded due to obvious reasons of unreliability (e.g. mental retardation, self-expressed intention to lie), leaving 6005 valid interviews. A separate, supplementary inter-rater-reliability analysis for the depressive disorders section was performed, giving excellent Kappa values. Details of the methodology of the project, including training of the mental health interviewers have been published elsewhere (Aromaa and Koskinen, 2004; Pirkola et al., 2005).

With the M-CIDI, estimates were made for the 12-month prevalence of anxiety disorders (generalized anxiety disorder, agoraphobia, social phobia, and panic disorder with or without agoraphobia). By combining information from SCID interviews and case notes in a separate continuation study for Health 2000, we were able to identify and exclude those persons who were diagnosed as having current psychotic disorder during 2000–2001 ($n=13$).

2.1. Use of mental health services and received treatments

Respondents were asked whether they had used health services for mental health reasons during the preceding 12 months, about the treatment setting, number of visits and who was the provider. The providers were classified